VITTER) was added as a cosponsor of S. 785, a bill to amend the Internal Revenue Code of 1986 to modify the small refiner exception to the oil depletion deduction.

S. 828

At the request of Mr. HARKIN, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of S. 828, a bill to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes.

S. 853

At the request of Mr. LUGAR, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of S. 853, a bill to direct the Secretary of State to establish a program to bolster the mutual security and safety of the United States, Canada, and Mexico, and for other purposes.

S. 930

At the request of Mr. GRASSLEY, the name of the Senator from Rhode Island (Mr. CHAFEE) was added as a cosponsor of S. 930, a bill to amend the Federal Food, Drug, and Cosmetic Act with respect to drug safety, and for other purposes.

S. 1002

At the request of Mr. GRASSLEY, the names of the Senator from Colorado (Mr. SALAZAR) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of S. 1002, a bill to amend title XVIII of the Social Security Act to make improvements in payments to hospitals under the medicare program, and for other purposes.

S. 1076

At the request of Mrs. LINCOLN, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 1076, a bill to amend the Internal Revenue Code of 1986 to extend the excise tax and income tax credits for the production of biodiesel.

S. 1103

At the request of Mr. BAUCUS, the names of the Senator from Missouri (Mr. BOND), the Senator from Oregon (Mr. SMITH) and the Senator from New Hampshire (Mr. SUNUNU) were added as cosponsors of S. 1103, a bill to amend the Internal Revenue Code of 1986 to repeal the individual alternative minimum tax.

S. CON. RES. 15

At the request of Mr. SANTORUM, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. Con. Res. 15, a concurrent resolution encouraging all Americans to increase their charitable giving, with the goal of increasing the annual amount of charitable giving in the United States by 1 percent.

S. RES. 104

At the request of Mr. FEINGOLD, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. Res. 104, a resolution expressing the sense of the Senate encouraging the active engagement of Americans in world affairs and urging the Secretary of State to take the lead and coordinate with other governmental agencies and non-governmental organizations in creating an online database of international exchange programs and related opportunities.

S. RES. 149

At the request of Ms. SNOWE, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. Res. 149, a resolution honoring the life and contributions of His Eminence, Archbishop Iakovos, former archbishop of the Greek Orthodox Archdiocese of North and South America.

S. RES. 153

At the request of Mr. LIEBERMAN, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. Res. 153, a resolution expressing the support of Congress for the observation of the National Moment of Remembrance at 3:00 pm local time on this and every Memorial Day to acknowledge the sacrifices made on the behalf of all Americans for the cause of liberty.

AMENDMENT NO. 762

At the request of Mr. NELSON of Florida, the names of the Senator from New Mexico (Mr. BINGAMAN) and the Senator from New York (Mrs. CLINTON) were added as cosponsors of amendment No. 762 intended to be proposed to S. 1042, an original bill to authorize appropriations for fiscal year 2006 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. CLINTON (for herself and Ms. COLLINS):

S. 1116. A bill to amend the Older Americans Act of 1965 to provide for mental health screening and treatment services, to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. CLINTON. Mr. President, today, Senator COLLINS and I, and in the House of Representatives, Congressman KENNEDY and Congressman ROS-LEHTINEN, are reintroducing the Positive Aging Act, in an effort to improve the accessibility and quality of mental health services for our rapidly growing population of older Americans.

We are pleased to be reintroducing this important legislation during Mental Health and Aging Week.

I want to acknowledge and thank our partners from the mental health and aging community who have collaborated with us and have been working diligently on these issues for many years, including the American Association for Geriatric Psychiatry, the American Psychological Association, the National Association of Social Workers, the American Nurses Association.

Today, advances in medical science are helping us to live longer than ever before. In New York State alone, there are 2½ million citizens aged 65 or older. And this population will only continue to grow as the firs wave of Baby Boomers turns 65 in less than 10 years.

As we look forward to this increased longevity, we must also acknowledge the challenges that we face related to the quality of life as we age. Chief among these are mental and behavioral health concerns.

Although most older adults enjoy good mental health it is estimated that nearly 20 percent of Americans age 55 or older experience a mental disorder. It is anticipated that the number of seniors with mental and behavioral health problems will almost quadruple, from 4 million in 1970 to 15 million in 2030.

In New York State alone, there are an estimated 500,000 older adults with mental health disorders. As the baby boomers age we expect to see the number of seniors in need of mental health services in the State of New York grow to over 750,000.

Among the most prevalent mental health concerns older adults encounter are anxiety, depression, cognitive impairment, and substance abuse. These disorders, if left untreated, can have severe physical and psychological implications. In fact, older adults have the highest rates of suicide in our country and depression is the foremost risk factor.

The physical consequences of mental health disorders can be both expensive and debilitating. Depression has a powerful negative impact on ability to function, resulting in high rates of disability. The World Health Organization projects that by the year 2020, depression will remain a leading cause of disability, second only to cardiovascular disease. Even mild depression lowers immunity and may compromise a person's ability to fight infections and cancers. Research indicates that 50–70 percent of all primary care medical visits are related to psychological factors such as anxiety, depression, and stress.

Mental disorders do not have to be a part of the aging process because we have effective treatments for these conditions. But in far too many instances our seniors go undiagnosed and untreated because of the current divide in our country between health care and mental health care.

Too often physicians and other health professionals fail to recognize the signs and symptoms of mental health problems. Even more troubling, knowledge about treatment is simply not accessible to many primary care practitioners. As a whole, we have

failed to fully integrate mental health screening and treatment into our health service systems.

These missed opportunities to diagnose and treat mental health disorders are taking a tremendous toll on seniors and increasing the burden on their families and our health care system.

That is why I am reintroducing the Positive Aging Act with my co-sponsors Senator COLLINS and Representatives KENNEDY and ROS-LEHTINEN.

This legislation would amend the Older Americans Act and the Public Health Service Act to strengthen the delivery of mental health services to older Americans.

Specifically, the Positive Aging Act would fund grants to states to provide screening and treatment for mental health disorders in seniors.

It would also fund demonstration projects to provide these screening and treatment services to older adults residing in rural areas and in naturally occurring retirement communities, NORC's.

This legislation would also authorize demonstration projects to reach out to seniors and make much needed collaborative mental health services available in community settings where older adults reside and already receive services such as primary care clinics, senior centers, adult day care programs, and assisted living facilities.

Today, we are fortunate to have a variety of effective treatments to address the mental health needs of American seniors. I believe that we owe it to older adults in this country to do all that we can to ensure that high quality mental health care is both available and accessible.

This legislation takes an important step in that direction and I look forward to working with you all to enact the Positive Aging Act during the upcoming Older Americans Act and SAMHSA reauthorizations.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. 1116

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Positive Aging Act of 2005''.

TITLE I—AMENDMENTS TO THE OLDER AMERICANS ACT OF 1965

SEC. 101. DEFINITIONS.

Section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002) is amended by adding at the end the following:

''(44) MENTAL HEALTH SCREENING AND TREATMENT SERVICES.—The term 'mental health screening and treatment services' means patient screening, diagnostic services, care planning and oversight, therapeutic interventions, and referrals that are—

''(A) provided pursuant to evidence-based intervention and treatment protocols (to the extent such protocols are available) for mental disorders prevalent in older individuals (including, but not limited to, mood and anxiety disorders, dementias of all kinds, psychotic disorders, and substances and alcohol abuse), relying to the greatest extent feasible on protocols that have been developed—

''(i) by or under the auspices of the Secretary; or

''(ii) by academicians with expertise in mental health and aging; and

''(B) coordinated and integrated with the services of social service, mental health, and health care providers in an area in order to—

''(i) improve patient outcomes; and

''(ii) assure, to the maximum extent feasible, the continuing independence of older individuals who are residing in the area.''.

SEC. 102. OFFICE OF OLDER ADULT MENTAL HEALTH SERVICES.

Section 301(b) of the Older Americans Act of 1965 (42 U.S.C. 3021(b)) is amended by adding at the end the following:

''(3) The Assistant Secretary shall establish within the Administration an Office of Older Adult Mental Health Services, which shall be responsible for the development and implementation of initiatives to address the mental health needs of older individuals.''.

SEC. 103. GRANTS TO STATES FOR THE DEVELOPMENT AND OPERATION OF SYSTEMS FOR PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES TO OLDER INDIVIDUALS LACKING ACCESS TO SUCH SERVICES.

Title III of the Older Americans Act of 1965 (42 U.S.C. 3021 et seq.) is amended—

(1) in section 303, by adding at the end the following:

''(f) There are authorized to be appropriated to carry out part F (relating to grants for programs providing mental health screening and treatment services) such sums as may be necessary for fiscal year 2006 and each of the 5 succeeding fiscal years.'';

(2) in section 304(a)(1), by inserting ''and subsection (f)'' after ''through (d)''; and

(3) by adding at the end the following:

''PART F—MENTAL HEALTH SCREENING AND TREATMENT SERVICES FOR OLDER INDIVIDUALS

''SEC. 381. GRANTS TO STATES FOR PROGRAMS PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES FOR OLDER INDIVIDUALS.

''(a) PROGRAM AUTHORIZED.—The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the development and operation of—

''(1) systems for the delivery of mental health screening and treatment services for older individuals who lack access to such services; and

''(2) programs to—

''(A) increase public awareness regarding the benefits of prevention and treatment of mental disorders in older individuals;

''(B) reduce the stigma associated with mental disorders in older individuals and other barriers to the diagnosis and treatment of the disorders; and

''(C) reduce age-related prejudice and discrimination regarding mental disorders in older individuals.

''(b) STATE ALLOCATION AND PRIORITIES.—A State agency that receives funds through a grant made under this section shall allocate the funds to area agencies on aging to carry out this part in planning and service areas in the State. In allocating the funds, the State agency shall give priority to planning and service areas in the State—

''(1) that are medically underserved; and

''(2) in which there are a large number of older individuals.

''(c) AREA COORDINATION OF SERVICES WITH OTHER PROVIDERS.—In carrying out this part, to more efficiently and effectively deliver services to older individuals, each area agency on aging shall—

''(1) coordinate services described in subsection (a) with other community agencies, and voluntary organizations, providing similar or related services; and

''(2) to the greatest extent practicable, integrate outreach and educational activities with existing (as of the date of the integration) health care and social service providers serving older individuals in the planning and service area involved.

''(d) RELATIONSHIP TO OTHER FUNDING SOURCES.—Funds made available under this part shall supplement, and not supplant, any Federal, State, and local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide the services described in subsection (a).''.

SEC. 104. DEMONSTRATION PROJECTS PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES TO OLDER INDIVIDUALS LIVING IN RURAL AREAS.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) by inserting before section 401 the following:

''TITLE IV—GRANTS FOR EDUCATION, TRAINING, AND RESEARCH'';

and

(2) in part A of title IV, by adding at the end the following:

''SEC. 422. DEMONSTRATION PROJECTS PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES TO OLDER INDIVIDUALS LIVING IN RURAL AREAS.

''(a) DEFINITION.—In this section, the term 'rural area' means—

''(1) any area that is outside a metropolitan statistical area (as defined by the Director of the Office of Management and Budget); or

''(2) such similar area as the Secretary specifies in a regulation issued under section 1886(d)(2)(D) of the Social Security Act (42 U.S.C. 1395ww(d)(2)(D)).

''(b) AUTHORITY.—The Assistant Secretary shall make grants to eligible public agencies and nonprofit private organizations to pay part or all of the cost of developing or operating model health care service projects involving the provision of mental health screening and treatment services to older individuals residing in rural areas.

''(c) DURATION.—Grants made under this section shall be made for 3-year periods.

''(d) APPLICATION.—To be eligible to receive a grant under this section, a public agency or nonprofit private organization shall submit to the Assistant Secretary an application containing such information and assurances as the Assistant Secretary may require, including—

''(1) information describing—

''(A) the geographic area and target population (including the racial and ethnic composition of the target population) to be served by the project; and

''(B) the nature and extent of the applicant's experience in providing mental health screening and treatment services of the type to be provided in the project;

''(2) assurances that the applicant will carry out the project—

''(A) through a multidisciplinary team of licensed mental health professionals;

''(B) using evidence-based intervention and treatment protocols to the extent such protocols are available;

''(C) using telecommunications technologies as appropriate and available; and

''(D) in coordination with other providers of health care and social services (such as senior centers and adult day care providers) serving the area; and

''(3) assurances that the applicant will conduct and submit to the Assistant Secretary

such evaluations and reports as the Assistant Secretary may require.

''(e) REPORTS.—The Assistant Secretary shall prepare and submit to the appropriate committees of Congress a report that includes summaries of the evaluations and reports required under subsection (d)(3).

''(f) COORDINATION.—The Assistant Secretary shall provide for appropriate coordination of programs and activities receiving funds pursuant to a grant under this section with programs and activities receiving funds pursuant to grants under sections 381 and 423, and sections 520K and 520L of the Public Health Service Act.''.

SEC. 105. DEMONSTRATION PROJECTS PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES TO OLDER INDIVIDUALS LIVING IN NATURALLY OCCURRING RETIREMENT COMMUNITIES IN URBAN AREAS.

Part A of title IV of the Older Americans Act of 1965 (42 U.S.C. 3032 et seq.), as amended by section 104, is further amended by adding at the end the following:

''SEC. 423. DEMONSTRATION PROJECTS PROVIDING MENTAL HEALTH SCREENING AND TREATMENT SERVICES TO OLDER INDIVIDUALS LIVING IN NATURALLY OCCURRING RETIREMENT COMMUNITIES IN URBAN AREAS.

''(a) DEFINITIONS.—In this section:

''(1) NATURALLY OCCURRING RETIREMENT COMMUNITY.—The term 'naturally occurring retirement community' means a residential area (such as an apartment building, housing complex or development, or neighborhood) not originally built for older individuals but in which a substantial number of individuals have aged in place (and become older individuals) while residing in such area.

''(2) URBAN AREA.—The term 'urban area' means—

''(A) a metropolitan statistical area (as defined by the Director of the Office of Management and Budget); or

''(B) such similar area as the Secretary specifies in a regulation issued under section 1886(d)(2)(D) of the Social Security Act (42 U.S.C. 1395ww(d)(2)(D)).

''(b) AUTHORITY.—The Assistant Secretary shall make grants to eligible public agencies and nonprofit private organizations to pay part or all of the cost of developing or operating model health care service projects involving the provision of mental health screening and treatment services to older individuals residing in naturally occurring retirement communities located in urban areas.

''(c) DURATION.—Grants made under this section shall be made for 3-year periods.

''(d) APPLICATION.—To be eligible to receive a grant under this section, a public agency or nonprofit private organization shall submit to the Assistant Secretary an application containing such information and assurances as the Assistant Secretary may require, including—

''(1) information describing—

''(A) the naturally occurring retirement community and target population (including the racial and ethnic composition of the target population) to be served by the project; and

''(B) the nature and extent of the applicant's experience in providing mental health screening and treatment services of the type to be provided in the project;

''(2) assurances that the applicant will carry out the project—

''(A) through a multidisciplinary team of licensed mental health professionals;

''(B) using evidence-based intervention and treatment protocols to the extent such protocols are available; and

''(C) in coordination with other providers of health care and social services serving the retirement community; and

''(3) assurances that the applicant will conduct and submit to the Assistant Secretary such evaluations and reports as the Assistant Secretary may require.

''(e) REPORTS.—The Assistant Secretary shall prepare and submit to the appropriate committees of Congress a report that includes summaries of the evaluations and reports required under subsection (d)(3).

''(f) COORDINATION.—The Assistant Secretary shall provide for appropriate coordination of programs and activities receiving funds pursuant to grants made under this section with programs and activities receiving funds pursuant to grants made under sections 381 and 422, and sections 520K and 520L of the Public Health Service Act.''.

TITLE II—PUBLIC HEALTH SERVICE ACT AMENDMENTS

SEC. 201. DEMONSTRATION PROJECTS TO SUPPORT INTEGRATION OF MENTAL HEALTH SERVICES IN PRIMARY CARE SETTINGS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

(1) in section 520(b)—

(A) in paragraph (14), by striking ''and'' after the semicolon;

(B) in paragraph (15), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(16) conduct the demonstration projects specified in section 520K.''; and

(2) by adding at the end the following:

''SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF MENTAL HEALTH SERVICES IN PRIMARY CARE SETTINGS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, shall award grants to public and private nonprofit entities for projects to demonstrate ways of integrating mental health services for older patients into primary care settings, such as health centers receiving a grant under section 330 (or determined by the Secretary to meet the requirements for receiving such a grant), other Federally qualified health centers, primary care clinics, and private practice sites.

''(b) REQUIREMENTS.—In order to be eligible for a grant under this section, the project to be carried out by the entity shall provide for collaborative care within a primary care setting, involving psychiatrists, psychologists, and other licensed mental health professionals (such as social workers and advanced practice nurses) with appropriate training and experience in the treatment of older adults, in which screening, assessment, and intervention services are combined into an integrated service delivery model, including—

''(1) screening services by a mental health professional with at least a masters degree in an appropriate field of training;

''(2) referrals for necessary prevention, intervention, follow-up care, consultations, and care planning oversight for mental health and other service needs, as indicated; and

''(3) adoption and implementation of evidence-based protocols, to the extent available, for prevalent mental health disorders, including depression, anxiety, behavioral and psychological symptoms of dementia, psychosis, and misuse of, or dependence on, alcohol or medication.

''(c) CONSIDERATIONS IN AWARDING GRANTS.—In awarding grants under this section, the Secretary, to the extent feasible, shall ensure that—

''(1) projects are funded in a variety of geographic areas, including urban and rural areas; and

''(2) a variety of populations, including racial and ethnic minorities and low-income populations, are served by projects funded under this section.

''(d) DURATION.—A project may receive funding pursuant to a grant under this section for a period of up to 3 years, with an extension period of 2 additional years at the discretion of the Secretary.

''(e) APPLICATION.—To be eligible to receive a grant under this section, a public or private nonprofit entity shall—

''(1) submit an application to the Secretary (in such form, containing such information, and at such time as the Secretary may specify); and

''(2) agree to report to the Secretary standardized clinical and behavioral data necessary to evaluate patient outcomes and to facilitate evaluations across participating projects.

''(f) EVALUATION.—Not later than July 31 of each calendar year, the Secretary shall submit to Congress a report evaluating the projects receiving awards under this section for such year.

''(g) SUPPLEMENT, NOT SUPPLANT.—Funds made available under this section shall supplement, and not supplant, other Federal, State, or local funds available to an entity to carry out activities described in this section.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section for fiscal year 2006 and each fiscal year thereafter.''.

SEC. 202. GRANTS FOR COMMUNITY-BASED MENTAL HEALTH TREATMENT OUTREACH TEAMS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.), as amended by section 201, is further amended by adding at the end the following:

''SEC. 520L. GRANTS FOR COMMUNITY-BASED MENTAL HEALTH TREATMENT OUTREACH TEAMS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, shall award grants to public or private nonprofit entities that are community-based providers of geriatric mental health services, to support the establishment and maintenance by such entities of multi-disciplinary geriatric mental health outreach teams in community settings where older adults reside or receive social services. Entities eligible for such grants include—

''(1) mental health service providers of a State or local government;

''(2) outpatient programs of private, nonprofit hospitals;

''(3) community mental health centers meeting the criteria specified in section 1913(c); and

''(4) other community-based providers of mental health services.

''(b) REQUIREMENTS.—To be eligible to receive a grant under this section, an entity shall—

''(1) adopt and implement, for use by its mental health outreach team, evidence-based intervention and treatment protocols (to the extent such protocols are available) for mental disorders prevalent in older individuals (including, but not limited to, mood and anxiety disorders, dementias of all kinds, psychotic disorders, and substance and alcohol abuse), relying to the greatest extent feasible on protocols that have been developed—

''(A) by or under the auspices of the Secretary; or

''(B) by academicians with expertise in mental health and aging;

''(2) provide screening for mental disorders, diagnostic services, referrals for treatment, and case management and coordination through such teams; and

''(3) coordinate and integrate the services provided by such team with the services of social service, mental health, and medical providers at the site or sites where the team is based in order to—

''(A) improve patient outcomes; and

''(B) to assure, to the maximum extent feasible, the continuing independence of older adults who are residing in the community.

''(c) COOPERATIVE ARRANGEMENTS WITH SITES SERVING AS BASES FOR OUTREACH.—An entity receiving a grant under this section may enter into an agreement with a person operating a site at which a geriatric mental health outreach team of the entity is based, including—

''(1) senior centers;

''(2) adult day care programs;

''(3) assisted living facilities; and

''(4) recipients of grants to provide services to senior citizens under the Older Americans Act of 1965, under which such person provides (and is reimbursed by the entity, out of funds received under the grant, for) any supportive services, such as transportation and administrative support, that such person provides to an outreach team of such entity.

''(d) CONSIDERATIONS IN AWARDING GRANTS.—In awarding grants under this section, the Secretary, to the extent feasible, shall ensure that—

''(1) projects are funded in a variety of geographic areas, including urban and rural areas; and

''(2) a variety of populations, including racial and ethnic minorities and low-income populations, are served by projects funded under this section.

''(e) APPLICATION.—To be eligible to receive a grant under this section, an entity shall—

''(1) submit an application to the Secretary (in such form, containing such information, at such time as the Secretary may specify); and

''(2) agree to report to the Secretary standardized clinical and behavioral data necessary to evaluate patient outcomes and to facilitate evaluations across participating projects.

''(f) COORDINATION.—The Secretary shall provide for appropriate coordination of programs and activities receiving funds pursuant to a grant under this section with programs and activities receiving funds pursuant to grants under section 520K and sections 381, 422, and 423 of the Older Americans Act of 1965.

''(g) EVALUATION.—Not later than July 31 of each calendar year, the Secretary shall submit to Congress a report evaluating the projects receiving awards under this section for such year.

''(h) SUPPLEMENT, NOT SUPPLANT.—Funds made available under this section shall supplement, and not supplant, other Federal, State, or local funds available to an entity to carry out activities described in this section.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section for fiscal year 2006 and each fiscal year thereafter.''.

SEC. 203. DESIGNATION OF DEPUTY DIRECTOR FOR OLDER ADULT MENTAL HEALTH SERVICES IN CENTER FOR MENTAL HEALTH SERVICES.

Section 520 of the Public Health Service Act (42 U.S.C. 290bb–31) is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following:

''(c) DEPUTY DIRECTOR FOR OLDER ADULT MENTAL HEALTH SERVICES IN CENTER FOR MENTAL HEALTH SERVICES.—The Director, after consultation with the Administrator, shall designate a Deputy Director for Older Adult Mental Health Services, who shall be responsible for the development and implementation of initiatives of the Center to address the mental health needs of older adults. Such initiatives shall include—

''(1) research on prevention and identification of mental disorders in the geriatric population;

''(2) innovative demonstration projects for the delivery of community-based mental health services for older Americans;

''(3) support for the development and dissemination of evidence-based practice models, including models to address dependence on, and misuse of, alcohol and medication in older adults; and

''(4) development of model training programs for mental health professionals and care givers serving older adults.''.

SEC. 204. MEMBERSHIP OF ADVISORY COUNCIL FOR THE CENTER FOR MENTAL HEALTH SERVICES.

Section 502(b)(3) of the Public Health Service Act (42 U.S.C. 290aa–1(b)(3)) is amended by adding at the end the following:

''(C) In the case of the advisory council for the Center for Mental Health Services, the members appointed pursuant to subparagraphs (A) and (B) shall include representatives of older Americans, their families, and geriatric mental health specialists.''.

SEC. 205. PROJECTS OF NATIONAL SIGNIFICANCE TARGETING SUBSTANCE ABUSE IN OLDER ADULTS.

Section 509(b)(2) of the Public Health Service Act (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before the period the following: '', and to providing treatment for older adults with alcohol or substance abuse or addiction, including medication misuse or dependence''.

SEC. 206. CRITERIA FOR STATE PLANS UNDER COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANTS.

(a) IN GENERAL.—Section 1912(b)(4)of the Public Health Service Act (42 U.S.C. 300x–2(b)(4)) is amended to read as follows:

''(4) TARGETED SERVICES TO OLDER INDIVIDUALS, INDIVIDUALS WHO ARE HOMELESS, AND INDIVIDUALS LIVING IN RURAL AREAS.—The plan describes the State's outreach to and services for older individuals, individuals who are homeless, and individuals living in rural areas, and how community-based services will be provided to these individuals.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to State plans submitted on or after the date that is 180 days after the date of enactment of this Act.

By Mr. LIEBERMAN (for himself and Mr. ALEXANDER):

S. 1117. A bill to deepen the peaceful business and cultural engagement of the United States and the People's Republic of China, and for other purposes; to the Committee on Foreign Relations.

Mr. LIEBERMAN. Mr. President, I rise to introduce a bill that aims to redefine and enhance the relationship between the People's Republic of China and the United States of America.

At this point in our history we stand at the threshold of a new era in American Foreign policy and indeed of world history. For the first time ever an economic and military superpower is about to emerge without war or catastrophe: Asia's middle kingdom: the People's Republic of China, stands at the precipice of becoming one of the two most influential nations on Earth.

I have always held that our foreign policy is best conducted when our values as a Nation form the basis of our policies. With that in mind, I stand before you today to introduce legislation that will deepen the scope and breadth of America's relationship with China through the reaching out of our Nation's hand in friendship.

We introduce this with a bit of humility because history constantly shows us that the more things change, the more they stay the same. Fortunately American history is filled with good ideas to guide us.

Back in 1871, President Ulysses S. Grant told Congress that trade imbalances with China were threatening the viability of key United States' industries and warned that federal intervention might be needed to restore the balance of trade.

That is true today and I am both sponsoring and supporting legislation to fairly revalue the Yuan so that U.S. industries and workers enjoy a fair playing field in the global market.

But Grant also thought many problems with China could be solved if we just better understood Chinese language and culture. He proposed sending at least four American students a year to China to study the language and culture and who would then act as effective translators for business and government officials.

Grant's idea was never acted on and years of unfortunate history separated China from the rest of the world anyway.

But China is back and so are the challenges.

Those versed in international affairs and trade are fully aware of China's emerging influence. However, our present education system is not equipped to supply the number of skilled professionals required to constructively interact with China. According to the 2000 Census there are about 2.2 million Americans that speak Chinese. Of that 2.2 million, approximately 85–95 percent are Americans of Chinese descent. According to several studies there is a dearth of knowledge among college-bound students regarding Chinese cultural pillars like Mao Zedong in the United States. China, on the other hand, mandates English instruction beginning in—what we would call—the third grade. For every student we send to China to study there, they send 25 to study here.

If you combine these findings with the fact that well over half of the 500 largest companies are currently invested in China, with many more drawing up plans to do so, it becomes clear to me that the talent pool for future American-produced leaders with expertise in Chinese affairs is woefully inadequate. If you take a look at China's top ten trading partners, seven of those have a trade surplus with China and most importantly, five of those seven have a significant population with deep-seated knowledge of Chinese language and culture. America needs more people with the expertise to transact with China in international affairs and